Introduction
Royal Perth Hospital provides tertiary cardiology services to Western Australians living within the catchment areas of the Perth Metropolitan, Wheatbelt, Pilbara and Kimberley regions. These services include emergency and booked interventional cardiology procedures, cardiac rehabilitation, echocardiogram, pacemaker and general cardiology clinics. It was noted that historically, the RPH Cardiology clinic attendance rate of 63% for Aboriginal patients was significantly below the general population rate of 85.9%. This was concerning due to the importance of post-discharge follow-up care for Acute Coronary Syndrome (ACS) patients to ensure compliance with ongoing medication, patient recognition and management of chest pain and cardiac rehabilitation. The Lighthouse working group at RPH undertook a project to understand the factors contributing to the discrepancy in clinic attendance rates and implement improvements. The result was the development of a multidisciplinary pathway to improve the discharge process for Aboriginal cardiac patients centred on improved communication and flexible, culturally appropriate services and services closer to home where possible.

Issue
Discharge processes for Aboriginal and Torres Strait Islander (ATSI) patients from Cardiology services at RPH were sub-optimal, contributing to higher non-attendance rates (37%) at post-discharge and follow-up medical review than the general population (14%). Over half of Aboriginal patients admitted to the cardiology unit reside outside of the Perth Metropolitan region and travel long distances to receive post-discharge care and follow-up:

- 32% from the Kimberley
- 13.2% from the Wheat belt
- 9.4% from the Pilbara.

Process Improvements
Implementation of a collaborative approach to improving communication between internal and external health providers and patients, along with the provision of access to flexible, culturally appropriate follow-up care:

Bring the service to the patients rather than patients travel to RPH
- Where clinically appropriate, patients from the Kimberley and Pilbara are referred to visiting cardiology services for specialist review closer to home.

Improve communication between Care Providers
- Aboriginal Liaison Officers confirm demographic and health provider details of new patients and inform ward clerk of any changes for updating in the patient information system.
- Collaboration with East Metropolitan Health Service (EMHS) Aboriginal Acute Care Coordination Team (AACCT) to identify suitable patients for enrolment and linkage with local community health services.
- Discharge summaries contain the date of upcoming clinic appointments and are addressed to all relevant ongoing care providers (Aboriginal Medical Service, Primary Health Networks) so they can coordinate attendance to appointments.

Improve communication between RPH and the patient
- Clerical staff education and reinforcement to ask “Are you ATSI?” at every registration.
- Appointments and procedure dates arranged prior to discharge, and in consultation with the patient.
- Patients receive a copy of appointment letter and discharge summary to take home.
- Patients receive a post discharge follow-up phone call to check on attendance with GP, ongoing supply of medication, understanding of cardiac risk factors, and knowledge of cardiology clinic appointment date.
- Patients attending RPH Cardiology Clinic appointments receive a reminder phone call leading up to their appointment date.

Results
RPH Clinic Attendance Rates
Attendance rates to RPH Cardiology Clinics by patients from the Perth Metropolitan and Wheatbelt regions have improved since September 2018.

<table>
<thead>
<tr>
<th>Region</th>
<th>ATSI patient attendance to RPH Cardiology Clinic Pre and Post-Implementation</th>
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<tbody>
<tr>
<td>Kimberley &amp; Pilbara</td>
<td>RPH Referral Rate</td>
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<tr>
<td>Kimberley Region (Genesis Care)</td>
<td>57% referral</td>
</tr>
<tr>
<td>Kimberley Region (Perth Cardiology Institute)</td>
<td>76% referral</td>
</tr>
<tr>
<td>Pilbara Region (Kimberley)</td>
<td>60% referral</td>
</tr>
</tbody>
</table>

Kimberley patient attendance to the visiting cardiology service was above (80%) and Pilbara patient attendance was below (57%) the average pre-implementation attendance rates to RPH cardiology clinic (60%).

Conclusions
This practical improvement for increased engagement with follow up care, although in the early stages of implementation, is anticipated to ultimately improve health outcomes, reduce travel costs and improve communication between RPH, local medical services and visiting cardiology services.